

REPORT OF RECEIPTS AND DISBURSEMENTS

2016 Annual Report



Delbert Hosemann
SECRETARY OF STATE



Name of Candidate CECIL BROWN
 Address PO BOX 55502 JXN 39296 County HINDS
 Telephone 601 362 8383 Fax _____
 Office Sought CENTRAL DISTRICT PSC Email Address CECILBROWN5@GMAIL.COM

☐ Check here if above is different from previous report

X January 31, 2017 Annual Report (January 1, 2016 through December 31, 2016).....Mandatory
 All candidates, excluding judicial candidates on the November 2016 General Election ballot.

____ Termination Report (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to terminate reporting obligations

IMPORTANT

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 32934.50 + \$ 12365.12	\$ 45299.62	\$ 45299.62
Total amount of disbursements	\$ 1658.90 + \$ 1706.80	\$ 3365.70	\$ 3365.70
Total amount of cash on hand		\$ 55120.95	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee CECIL BROWNReporting period 01/01/2016 through 12/31/2016**ITEMIZED RECEIPTS**

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>ATTACHED</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Mailing Address _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
City, State, Zip Code _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Name of Employer (Required) _____	<u> </u> / <u> </u> / <u> </u>	\$ <u> </u>
Occupation (Required) _____	Aggregate year-to-date	\$ <u> </u>

Name of Candidate or Committee CECIL BROWN
 Reporting period 01/01/2016 through 12/31/2016

ITEMIZED DISBURSEMENTS

A. Full name ATTACHED	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	___ / ___ / ___	\$
City, State, Zip Code	___ / ___ / ___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

CECIL BROWN FOR PSC						
RECEIPTS 2016						
DATE	DONOR	ADDRESS	EMPLOYER	OCCUPATION	TYPE	AMOUNT
2/22/2016	MISSISSIPPI LABORERS PAC	400 SONIAT DRIVE NEW ORLEANS, LA 70115			PAC	\$ 1,000.00
3/9/2016	UNITED ASSOC OF PLUMBERS & PIPEFITTERS PAC	P O BOX 261 VICKSBURG, MS 39181			PAC	\$ 5,000.00
9/12/2016	UNITED ASSOC OF PLUMBERS & PIPEFITTERS PAC	P O BOX 261 VICKSBURG, MS 39181			PAC	\$ 2,000.00
3/7/2016	CENTRAL MS BLDG & TRADES COUNCIL	PO BOX 821535 VICKSBURG, MS 39182			PAC	\$ 5,000.00
9/16/2016	RL OR DM LYLE	505 ASBURY LANE DRIVE PEARL, MS 39208	MOLPUS WOODLANDS	EXEC	IND	\$ 250.00
9/13/2016	DEVINEY EQUIPMENT	PO BOX 7179 JACKSON, MS 39282			CORP	\$ 750.00
9/9/2016	H E BLAKESLEE	62 52ND ST GULFPORT, MS 39057	RETIRED	RETIRED	IND	\$ 250.00
9/13/2016	JACKSON EXCAVATING	1059 DEVINEY DRIVE RAYMOND, MS 39154			CORP	\$ 750.00
9/7/2016	JAMES L. BARKSDALE	800 WOODLANDS PKWY STE 118 RIDGELAND, MS 39157	SELF	INVESTOR	IND	\$ 1,000.00
9/13/2016	M/M JOHN G. CORLEW	2124 EASTOVER DRIVE JACKSON, MS 39211	SELF	ATTORNEY	IND	\$ 500.00
9/13/2016	WILLIAM COOLEY	1116 HALLMARK DRIVE JACKSON, MS 39206	SELF	INVESTOR	IND	\$ 500.00
9/13/2016	J E ROBERTS	410 S PRESIDENT ST JACKSON, MS 39201	SELF	ATTORNEY	IND	\$ 250.00
8/30/2016	K AY VAN SKIVER	P O BOX 565 KOSCIUSKO, MS 39090	ATWOOD FENCE	EXEC	IND	\$ 500.00
9/13/2016	BAKER SERVICES	P O BOX 6717 JACKSON, MS 39282			CORP	\$ 750.00
9/13/2016	T MARK SLEDGE	587 HIGHLAND COLONY PKWY RIDGELAND, MS 39157	SELF	ATTORNEY	IND	\$ 250.00
9/12/2016	LOUIE MILLER	1755 BARNES RD CANTON, MS 39046	SELF	EXEC	IND	\$ 500.00
9/13/2016	TONI COOLEY	1026 WHITSETT WALK JACKSON, MS 39202	SELF	EXEC	IND	\$ 500.00
9/12/2016	NICOR STEEL RECYCLERS OF MS PAC	3630 FOURTH ST FLOWOOD, MS 39232			PAC	\$ 500.00
9/12/2016	MS AMERICAN LIFE INS CO	P O BOX 12449 JACKSON, MS 39236			CORP	\$ 500.00
9/21/2016	CAPITOL ST LLC	P O BOX 12485 JACKSON, MS 39239			LLC	\$ 250.00
9/21/2016	BAV ST LLC	P O BOX 12485 JACKSON, MS 39239			LLC	\$ 250.00
9/20/2016	JOHN N. PALMER	P O BOX 3747 JACKSON, MS 39207	SELF	INVEOR	IND	\$ 500.00
10/14/2016	ROBERT S JACOBS	P O BOX 16463 JACKSON, MS 39236	WEIGHT WATCHERS	PRESIDENT	IND	\$ 250.00
11/20/2016	DORSEY CARSON	401 E CAPITOL ST JACKSON, MS 39201	SELF	ATTORNEY	IND	\$ 250.00
9/13/2016	DEVINEY CONSTRUCTION CO	P O BOX 6717 JACKSON, MS 39282			CORP	\$ 750.00
2/18/2016	CANAL PARTNERS	REFUND FROM PRIOR YEAR EXPENSES			LLP	\$ 9,934.50
		TOTAL ITEMIZED				\$ 32,934.50
		TOTAL NON ITEMIZED				\$ 12,365.12
		TOTAL CONTRIBUTIONS				\$ 45,299.62

CECIL BROWN FOR PSC									
DISBURSEMENTS									
2016									
<u>DATE</u>	<u>PAYEE</u>	<u>ADDRESS</u>					<u>AMOUNT</u>		
3/22/2016	JIM HOOD CAMPAIGN	P O BOX 16647 JACKSON, MS 39236					\$ 250.00		
9/28/2016	OLD CAPITOL INN	2260N STATE ST. JACKSON, MS 39201					\$ 658.90		
6/3/2016	MAYOR JOHNNY DUPREE CAMPAIGN	HATTIESBURG, MS					\$ 250.00		
9/2/2016	NANCY H BROWN	1423 ROXBURY PLACE JACKSON, MS 39211					\$ 500.00	LOAN REPAYMENT	
	TOTAL ITEMIZED						\$ 1,658.90		
	TOTAL UNITEMIZED						\$ 1,706.80		
	TOTAL DISBURSEMENTS						\$ 3,365.70		